

Brief Description of Business

Computer Mathematical Research

SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL          |
|-----------------------|
| OMB Number: 3235-0076 |
| Expires: May 31 2005  |

Estimated average burden hours per response... 1

| SEC USE ONLY  |  |        |  |  |  |  |  |  |
|---------------|--|--------|--|--|--|--|--|--|
| Prefix        |  | Serial |  |  |  |  |  |  |
| DATE RECEIVED |  |        |  |  |  |  |  |  |

|                                                                                                                                     | 1                             |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| FIRST                                                                                                                               |                               |
| Name of Offering ([] check if this is an amendment and name has changed, and indicate change.  PRIVATE OFFERING OF REGISTERED BONDS | )                             |
| Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6)                                        | []ULOE                        |
| Type of Filing: [ ] New Filing [X] Amendment                                                                                        | PROCESSED                     |
| A. BASIC IDENTIFICATION DATA                                                                                                        | NOV 20 2003                   |
| Enter the information requested about the issuer                                                                                    | THOMSON<br>FINANCIAL          |
| Name of Issuer ([ ] check if this is an amendment and name has changed, and indiciate change.                                       | )                             |
| TECH INVESTMENT, Inc.                                                                                                               | ,                             |
| TECH INVESTMENT, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone                            | ,<br>e Namber (Including Area |
| TECH INVESTMENT, Inc.                                                                                                               |                               |

| Type of Business Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [X ] corporation [ ] limited partnership, already formed [ ] other (please specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| [ ] business trust [ ] limited partnership, to be formed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| , Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Actual or Estimated Date of Incorporation or Organization: [0]1] [2]0 k] Actual [] Estimated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [N][V]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| GENERAL INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Federal:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.                                                                                                                                                                                                                            |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.                                                                                                                                                                                                                                                                                                                     |
| Filing Fee: There is no federal filing fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. |
| A. BASIC IDENTIFICATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2. Enter the information requested for the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>                                                                                                                                                                    |
| Check Box(es) [ ] Promoter [X] Beneficial [ ] Executive [ ] Director [ ] General and/or that Apply: Officer Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Full Name (Last              | name         |                 |       | ual)<br>v Alexande: | r                                                                                                               |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|--------------|-----------------|-------|---------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business or Resi             | idenc        | e Address       | (Nu   | mber and Street     | t, City                                                                                                         | y, State, Zip                          | Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3972                         | 2 <u>B</u> a | rranca          | Pk    | wy., ste:           | <u>J-</u>                                                                                                       | 440, Irv                               | <u>ine,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CA 926     | 506                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es)<br>that Apply: | []           | Promoter        | []    | Beneficial<br>Owner | [2]                                                                                                             | Executive<br>Officer                   | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ] Director | []                                      | General and/or<br>Managing<br>Partner |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Business or Resi             | dence        | e Address       | (Nui  | mber and Street     | , City                                                                                                          | , State, Zip                           | Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3972                         | <u> Ba</u>   | rrança          | Pk    | wy., ste:           | J                                                                                                               | 440, Irv                               | ine,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CA 926     | 06                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es)<br>that Apply: | []           | Promoter        | []    | Beneficial<br>Owner | []                                                                                                              | Executive<br>Officer                   | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ] Director | []                                      | General and/or<br>Managing<br>Partner |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Business or Resid            | dence        | Address         | (Nur  | nber and Street     | , City                                                                                                          | /, State, Zip                          | Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es)<br>that Apply: | []           | Promoter        | []    | Beneficial<br>Owner | []                                                                                                              | Executive<br>Officer                   | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ] Director | []                                      | General and/or<br>Managing<br>Partner |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Check Box(es) that Apply:    | []           | Promoter        | []    | Beneficial<br>Owner | []                                                                                                              | Executive<br>Officer                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ] Director | []                                      | General and/or<br>Managing<br>Partner |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last n            | ame          | first, if indi  | vidu  | al)                 |                                                                                                                 | ************************************** | es es de la participa de la companya |            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Check Box(es)<br>that Apply: | []           | Promoter        | []    | Beneficial<br>Owner | []                                                                                                              | Executive<br>Officer                   | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ] Director | []                                      | General and/or<br>Managing<br>Partner | en e de verene de la composition della compositi |
| Full Name (Last n            | ame i        | first, if indiv | /idua | al)                 |                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Chec                               | k Box(e                                          | s) []                                             | Promo                                         |                                                | Beneficia<br>Owner                                                             | I [                                        | ] Exec                                          |                                                       | [] Di                                               | rector [                                     | ]. Gener<br>Mana          | ral and/or      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| tilat /                            | (PPI).                                           |                                                   |                                               |                                                | OWNICI                                                                         | •                                          | Onio                                            | C1                                                    |                                                     | ÷                                            | Partne                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Na                            | ame (La                                          | ist name                                          | e first, if                                   | individu                                       | al)                                                                            |                                            | ·                                               |                                                       |                                                     | ,                                            |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Busine                             | ess or R                                         | esidenc                                           | e Addre                                       | ss (Nun                                        | nber and s                                                                     | Street, C                                  | City, State                                     | e, Zip Co                                             | de)                                                 |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    |                                                  | (Us                                               | e blank                                       | sheet,                                         | or copy a                                                                      | ınd use                                    | additio                                         | nal copie                                             | s of this                                           | sheet,                                       | as neces                  | ssary.)         | entralis de la companya de la compa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    |                                                  |                                                   |                                               |                                                | B. INI                                                                         | FORMA                                      | TION AE                                         | BOUT OF                                               | FERING                                              |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    | s the iss                                        |                                                   | d, or doe                                     | s the is                                       | suer inten                                                                     | d to sel                                   | , to non-                                       | accredite                                             | ed investo                                          | ors in this                                  |                           | es No           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    |                                                  |                                                   |                                               | •                                              | in Apper                                                                       | •                                          |                                                 | •                                                     |                                                     |                                              | ,                         | 2000 00         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    |                                                  |                                                   |                                               |                                                | hat will be                                                                    | •                                          |                                                 | -                                                     |                                                     |                                              | -                         | 2000.00<br>s No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    |                                                  | -                                                 | -                                             |                                                | ership of a                                                                    | _                                          |                                                 |                                                       |                                                     |                                              | [                         | ] [X ]          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| direct<br>conne<br>perso<br>the na | ly or indi<br>ection wi<br>n or age<br>ame of tl | irectly, a<br>ith sales<br>ent of a l<br>he broke | any comi<br>of secu<br>broker of<br>er or dea | mission<br>rities in<br>r dealer<br>aler. If m | r each pe<br>or similar<br>the offering<br>registere<br>nore than<br>ou may se | remuneng. If a p<br>d with th<br>five (5): | eration for<br>person to<br>ne SEC a<br>persons | or solicita<br>be listed<br>and/or wit<br>to be liste | tion of pu<br>d is an as<br>th a state<br>ed are as | rchasers<br>sociated<br>or state<br>sociated | s in<br>I<br>s, list<br>I | •               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Na                            | ıme (La:                                         | st name                                           | first, if i                                   | ndividua                                       | al)<br>· N/                                                                    | А                                          |                                                 |                                                       |                                                     |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Busine                             | ss or Re                                         | esidence                                          | e Addres                                      | ss (Num                                        | ber and S                                                                      |                                            | ity, State                                      | e, Zip Co                                             | de)                                                 |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                               | of Assoc                                         | ciated B                                          | roker or                                      | Dealer                                         |                                                                                |                                            |                                                 |                                                       |                                                     |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| States                             | in Whic                                          | h Perso                                           | n Listed                                      | Has So                                         | licited or                                                                     | Intends                                    | to Solicit                                      | t Purchas                                             | ers                                                 |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Chec                              | k "All                                           | States"                                           | or chec                                       | k indiv                                        | ridual Sta                                                                     | ates)                                      |                                                 | ••                                                    |                                                     | [                                            | ] All S                   | tates           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [AL]                               | [AK]                                             | [AZ]                                              | [AR]                                          | [CA]                                           | [CO]                                                                           | [CT]                                       | [DE]                                            | [DC]                                                  | [FL]                                                | [GA]                                         | [HI]                      | [ID]            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [IL]                               | [IN]                                             | [IA]                                              | [KS]                                          | · [KY]                                         | [LA]                                                                           | [ME]                                       | [MD]                                            | [MA]                                                  | [MI]                                                | [MN]                                         | [MS]                      | [MO]            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [MT]                               | [NE]                                             | [NV]                                              | [NH]                                          | [NJ]                                           | [NM]                                                                           | [NY]                                       | [NC]                                            | [ND]                                                  | [HO]                                                | [OK]                                         | [OR]                      | [PA]            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [RI]                               | [SC]                                             | [SD]                                              | [TN]                                          | [TX]                                           | [UT]                                                                           | [VT]                                       | [VA]                                            | [WA]                                                  | [WV]                                                | [WI]                                         | [WY]                      | [PR]            | manya shika a maga sa ta ayang min a sa sa dana sa sa sa sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Full Na                            | me (Las                                          | st name                                           | first, if ir                                  | ndividua                                       | l) .                                                                           |                                            |                                                 |                                                       |                                                     |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Busine                             | ss or Re                                         | sidence                                           | Addres                                        | s (Numl                                        | ber and S                                                                      | Street, C                                  | ity, State                                      | e, Zip Co                                             | de)                                                 |                                              |                           |                 | (Austria) (Austr |
| Name o                             | of Assoc                                         | ciated Br                                         | oker or                                       | Dealer                                         | ili a gana, marijedi ngan Sania a                                              |                                            |                                                 |                                                       |                                                     |                                              |                           |                 | Terrent ( ) purchase with the control of the contro |
| States 1                           | n Which                                          | Person                                            | n listad                                      | Hac Sal                                        | licited or 1                                                                   | ntende                                     | to Saliali                                      | Durahaa                                               | Orc                                                 |                                              |                           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| (Check "All States" or check individual States)                          |                                                                                   |           |          |          |           |            |            |         | •                                         |      |          |       |  |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|----------|----------|-----------|------------|------------|---------|-------------------------------------------|------|----------|-------|--|
| [AL]                                                                     | [AK]                                                                              | [AZ]      | [AR]     | [CA]     | [CO]      | [CT]       | [DE]       | [DC] -  | [FL]                                      | [GA] | [HI]     | [ID]  |  |
| [IL]                                                                     | [IN]                                                                              | [IA]      | [KS]     | [KY]     | [LA]      | [ME]       | [MD]       | [MA]    | [MI]                                      | [MN] | [MS]     | [MO]  |  |
| [MT]                                                                     | [NE]                                                                              | [NV]      | [HN]     | [NJ]     | [NM]      | [NY]       | [NC]       | [ND]    | [OH]                                      | [OK] | [OR]     | [PA]  |  |
| [RI]                                                                     | [SC]                                                                              | [SD]      | [TN]     | [TX]     | [UT]      | [\T]       | [VA]       | [WA]    | [WV]                                      | [WI] | [WY]     | [PR]  |  |
| Full Name (Last name first, if individual)                               |                                                                                   |           |          |          |           |            |            |         | er en |      |          |       |  |
|                                                                          |                                                                                   |           |          |          |           | , <b>\</b> |            |         |                                           |      |          |       |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) |                                                                                   |           |          |          |           |            |            |         |                                           |      |          |       |  |
| Name                                                                     | of Assoc                                                                          | ciated Bi | roker or | Dealer   |           |            |            |         |                                           |      |          |       |  |
| States                                                                   | in Whicl                                                                          | h Persor  | n Listed | Has Sol  | icited or | Intends    | to Solicit | Purchas | ers                                       |      |          |       |  |
| (Chec                                                                    | k "All                                                                            | States"   | or chec  | k indivi | dual Sta  | ates)      |            |         |                                           | [    | ] Áll St | tates |  |
| [AL]                                                                     | [AK]                                                                              | [AZ]      | [AR]     | [CA]     | [CO]      | [CT]       | [DE]       | [DC]    | [FL]                                      | [GA] | [HI]     | [ID]  |  |
| [IL]                                                                     | [IN]                                                                              | [IA]      | [KS]     | [KY]     | [LA]      | [ME]       | [MD]       | [MA]    | [MI]                                      | [MN] | [MS]     | [MO]  |  |
| [MT]                                                                     | [NE]                                                                              | [NV]      | [NH]     | [NJ]     | [NM]      | [NY]       | [NC]       | [ND]    | [OH]                                      | [OK] | [OR]     | [PA]  |  |
| [RI]                                                                     | [SC]                                                                              | [SD]      | [TN]     | [TX]     | [UT]      | [/T]       | [VA]       | [WA]    | [WV]                                      | [WI] | [WY]     | [PR]  |  |
|                                                                          | (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) |           |          |          |           |            |            |         |                                           |      |          |       |  |
|                                                                          |                                                                                   |           |          |          |           |            |            |         |                                           |      |          |       |  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box E and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                            |                              |                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| Type of Security  Debt  Equity  [ ] Common [ ] Preferred  Convertible Securities (including warrants)  Partnership Interests  Other (Specify  Total  Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                 | \$ 0<br>\$ 0<br>\$ 0<br>\$ 0 | Amount Already Sold 0\$_1,000,000.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |                              |                                                                                  |
| Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                             | Number Investors 0 10        | Aggregate Dollar Amount of Purchases \$0 \$1,000,000.00                          |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                       |                              |                                                                                  |
| Type of offering Rule 505 Regulation A Rule 504                                                                                                                                                                                                                                                                                                                               | Type of Security  0  0  0  0 | Dollar Amount Sold \$ 0 \$ 0 \$ 0 \$ 0                                           |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| Transfer Agent's Fees                                                                                                                                                                                                                                                                                           | []\$ 0                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printing and Engraving Costs                                                                                                                                                                                                                                                                                    | [x] \$_1.800.00                                                                                                                                                                                      |
| Legal Fees                                                                                                                                                                                                                                                                                                      | [X] \$ 6,000.00                                                                                                                                                                                      |
| Accounting Fees                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                      |
| Engineering Fees                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |
| Sales Commissions (specify finders' fees separat                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |
| Other Expenses (identify)                                                                                                                                                                                                                                                                                       | tely)                                                                                                                                                                                                |
| Other Expenses (identify)                                                                                                                                                                                                                                                                                       | []\$ <u>0</u><br>[X \$ 11,800.00                                                                                                                                                                     |
| Total                                                                                                                                                                                                                                                                                                           | [A] \$_11,000.00                                                                                                                                                                                     |
| b. Enter the difference between the aggregate offering - Question 1 and total expenses furnished in response difference is the "adjusted gross proceeds to the issue                                                                                                                                            | to Part C - Question 4.a. This \$2,988,200.00                                                                                                                                                        |
| 5. Indicate below the amount of the adjusted gross pro-<br>used or proposed to be used for each of the purposes<br>for any purpose is not known, furnish an estimate and of<br>left of the estimate. The total of the payments listed mu-<br>gross proceeds to the issuer set forth in response to Pa<br>above. | shown. If the amount check the box to the ust equal the adjusted                                                                                                                                     |
| above.                                                                                                                                                                                                                                                                                                          | Payments to                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                 | Officers,                                                                                                                                                                                            |
| * .                                                                                                                                                                                                                                                                                                             | Directors, & Payments To                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                 | Affiliates Others                                                                                                                                                                                    |
| Salaries and fees                                                                                                                                                                                                                                                                                               | []\$K]\$ 100,000.00                                                                                                                                                                                  |
| Purchase of real estate                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
| Purchase, rental or leasing and installation of mac and equipment                                                                                                                                                                                                                                               | hinery 115 MS 200 000 00                                                                                                                                                                             |
| Construction or leasing of plant buildings and facili                                                                                                                                                                                                                                                           |                                                                                                                                                                                                      |
| Acquisition of other businesses (including the value                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |
| securities involved in this offering that may be use                                                                                                                                                                                                                                                            | ed in                                                                                                                                                                                                |
| exchange for the assets or securities of another is                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |
| pursuant to a merger)                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                      |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                |
| Working capital                                                                                                                                                                                                                                                                                                 | $M = \frac{2,588,200.00}{1}$                                                                                                                                                                         |
| Other (specify):                                                                                                                                                                                                                                                                                                | []\$[]\$                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                 | []\$                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                      |
| Column Totals                                                                                                                                                                                                                                                                                                   | $[]$ \$\%\\$_2,988,200.00                                                                                                                                                                            |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                     | [X]\$ <u>2,988,200</u> .00                                                                                                                                                                           |
| D. CEDI                                                                                                                                                                                                                                                                                                         | TOAL CICNATURE                                                                                                                                                                                       |
| D. FEDE                                                                                                                                                                                                                                                                                                         | ERAL SIGNATURE                                                                                                                                                                                       |
| Rule 505, the following signature constitutes an undertail                                                                                                                                                                                                                                                      | he undersigned duly authorized person. If this notice is filed under king by the issuer to furnish to the U.S. Securities and Exchange lation furnished by the issuer to any non-accredited investor |
| Ileguer (Brint or Type)                                                                                                                                                                                                                                                                                         | Signature                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                 | Signature Date                                                                                                                                                                                       |
| Tech Investment, Inc.                                                                                                                                                                                                                                                                                           | Dojume 1 - 11.10.03                                                                                                                                                                                  |
| Name of Cigner (Dript or Tune)                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |
| Name of Signer (Print or Type)                                                                                                                                                                                                                                                                                  | Title of Signer (Print or Type)                                                                                                                                                                      |
| Vorobey Alexander                                                                                                                                                                                                                                                                                               | President                                                                                                                                                                                            |